

**Exhibit R**

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor and Case Number: <b>GMAC Mortgage, LLC, Case No. 12-12032</b>		
NOTE: This form should not be used to make a claim for an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) arising after the commencement of the case. A "request" for payment of an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Tia Smith</b>	<input type="checkbox"/> Check this box if this claim amends a previously filed claim.	
Name and address where notices should be sent:  <b>Tia Smith 4011 Hubert Avenue Los Angeles, California 90008</b>	<b>Court Claim Number:</b> _____ (If known)	
Telephone number: 323-384-4493 email: myfathersdiamond@msn.com	Filed on: _____	
Name and address where payment should be sent (if different from above): <b>FILED JOINTLY WITH CASE NOS.: 12-12019; 12-12020; 12-12042; 12-12052</b>	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Telephone number: _____ email: _____	<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>	
1. Amount of Claim as of Date Case Filed: \$ <b>3,000,000.00</b> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)( ).	
2. Basis for Claim: <u>PREDATORY LENDING, WRONGFUL FORECLOSURE</u> (See instruction #2)	<b>Amount entitled to priority:</b> \$ _____	
3. Last four digits of any number by which creditor identifies debtor: <b>9130</b>	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable (when case was filed) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 14, 2012, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____ (See instruction #6)		
7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		
8. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #8, and the definition of "redacted".)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: <b>COMPLAINT IS VOLUMINOUS. ATTACHED FACE PAGE</b>		
9. Signature: (See instruction #9) Check the appropriate box. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (Attach copy of power of attorney, if any.) (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)		
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>Tia Smith</u> Title: _____ Company: _____ Address and telephone number (if different from notice address above): _____  Signature:  Date: <u>11/5/2012</u>		
Telephone number: _____		

**KURTZMAN CARSON CONSULTANTS**  
**COURT USE ONLY**



1212032121109000000000034

1 TIA SMITH  
2 4011 Hubert Avenue  
3 Los Angeles, CA 90008  
4 (323) 384-4493  
5 FAX (323) 295-0517  
6 *Plaintiff in Pro Per*

7 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
8 COUNTY OF LOS ANGELES

9 TIA SMITH

10 Plaintiff,

11 vs.

12 AMERICAN MORTGAGE NETWORK,  
13 INC., RESIDENTIAL FUNDING  
14 COMPANY, WALMAR FINANCIAL  
15 GROUP, AURORA BANK FSB, CAL-  
16 WESTERN RECONVEYANCE  
17 CORPORATION, HOMECOMINGS  
18 FINANCIAL, GMAC, RESIDENTIAL  
19 ACCREDIT LOANS, INC., DEUTSCHE  
20 BANK TRUST COMPANY AMERICAS  
as INDENTURED TRUSTEE for RALI  
2007-Q01, FIRST AMERICAN TITLE  
INSURANCE COMPANY AND  
DOES 1-20, inclusive

21 Defendants.

Case No.: BC465542

(Assigned For All Purposes to  
Hon. John L. Segal)

**SECOND AMENDED COMPLAINT  
[JURY TRIAL DEMANDED]**

1. BREACH OF CONTRACT;
2. BREACH OF IMPLIED COVENANT OF  
GOOD AND FAIR DEALING;
3. BREACH OF FIDUCIARY DUTY;
4. DECEPTIVE BUSINESS PRACTICES;
5. FRAUDULENT CONCEALMENT;
6. FRAUDULENT OMISSIONS;
7. INTENTIONAL INFLICTION OF  
EMOTIONAL DISTRESS;
8. INTENTIONAL MISREPRESENTATION;
9. NEGLIGENCE;
10. NEGLIGENT MISREPRESENTATION;
11. QUIET TITLE
12. SLANDER OF TITLE;
13. TRESPASS ON CONTRACT;
14. UNCONSCIONABILITY;
15. UNJUST ENRICHMENT;
16. WRONGFUL CONVERSION OF REAL  
PROPERTY;
17. WRONGFUL FORECLOSURE;
18. VIOLATION OF BUSINESS AND  
PROFESSIONS CODE §17200;
19. VIOLATION OF CALIFORNIA  
CODE §1788.17;
20. VIOLATION OF TILA;

21. VIOLATION OF RESPA;
22. VIOLATION OF CALIFORNIA  
MORTGAGE LENDING ACT  
CALIFORNIA FINANCIAL CODE  
SECTION 50000;
23. VIOLATION OF CALIFORNIA CIVIL  
CODE SECTION 1916.7 (10);
24. VIOLATION OF EQUAL CREDIT  
OPPORTUNITY ACT;
25. VIOLATION OF CA CIV. CODE §1572;
26. VIOLATION OF CALIFORNIA CIVIL  
CODE SECTION 2923.5;
27. VIOLATION OF CALIFORNIA CIVIL  
CODE SECTION 2923.6;
28. RESCISSION;
29. INJUNCTIVE RELIEF;
30. DECLARATORY RELIEF

*Filed Jointly With:*  
*Residential Funding Company LLC 12-12019*  
*Residential Accredited Loans Inc 12-12052*  
*Homecoming Financial LLC 12-12042*

B 10 Modified (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK			PROOF OF CLAIM
Name of Debtor and Case Number: <b>Homecomings Financial, LLC, Case No. 12-12042</b>			
NOTE: This form should not be used to make a claim for an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) arising after the commencement of the case. A "request" for payment of an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Tia Smith</b>			<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  <b>Court Claim</b> Number: _____ (If known)  Filed on: _____
Name and address where notices should be sent:  <b>Tia Smith</b> <b>4011 Hubert Avenue</b> <b>Los Angeles, California 90008</b>			<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <b>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)( ).  <b>Amount entitled to priority:</b>  \$ _____  * Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
Telephone number: 323-384-4493 email: myfathersdiamond@msn.com			
Name and address where payment should be sent (if different from above): <b>FILED JOINTLY WITH CASE NOS.: 12-12019; 12-12020; 12-12032; 12-12052</b>			
Telephone number: _____ email: _____			
<b>1. Amount of Claim as of Date Case Filed: \$</b> <u>3,000,000.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
<b>2. Basis for Claim:</b> <u>PREDATORY LENDING, WRONGFUL FORECLOSURE</u> (See instruction #2)			
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  <u>9130</u>	<b>3a. Debtor may have scheduled account as:</b>  <u>(See instruction #3a)</u>	<b>3b. Uniform Claim Identifier (optional):</b>  <u>(See instruction #3b)</u>	
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. <b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <b>Describe:</b> <b>Value of Property: \$</b> _____ <b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable (when case was filed) <b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim,</b> <b>if any: \$</b> _____ <b>Basis for perfection:</b> _____  <b>Amount of Secured Claim: \$</b> _____ <b>Amount Unsecured: \$</b> _____			
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 14, 2012, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____ (See instruction #6)			
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<b>9. Signature:</b> (See instruction #9) Check the appropriate box. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (Attach copy of power of attorney, if any.) (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)  I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>Tia Smith</u> Title: _____ Company: _____ (Signature) <u>[Signature]</u> 11/5/2012 (Date) Address and telephone number (if different from notice address above): _____ Telephone number: _____ Email: _____			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for			



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KURTZMAN CARSON CONSULTANTS  
COURT USE ONLY

1 TIA SMITH  
2 4011 Hubert Avenue  
3 Los Angeles, CA 90008  
4 (323) 384-4493  
5 FAX (323) 295-0517  
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7 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
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9 TIA SMITH

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13 INC., RESIDENTIAL FUNDING  
14 COMPANY, WALMAR FINANCIAL  
15 GROUP, AURORA BANK FSB, CAL-  
16 WESTERN RECONVEYANCE  
17 CORPORATION, HOMECOMINGS  
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19 ACCREDIT LOANS, INC., DEUTSCHE  
20 BANK TRUST COMPANY AMERICAS  
as INDENTURED TRUSTEE for RALI  
2007-Q01, FIRST AMERICAN TITLE  
INSURANCE COMPANY AND  
DOES 1-20, inclusive

21 Defendants.

Case No.: BC465542  
(Assigned For All Purposes to  
Hon. John L. Segal)

**SECOND AMENDED COMPLAINT  
[JURY TRIAL DEMANDED]**

1. BREACH OF CONTRACT;
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3. BREACH OF FIDUCIARY DUTY;
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